1. **Organization Details:**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Website** |  |
| **Entity Type** | Section 8 (25) Company / Society / Trust / Others |
| **Project Type** | Relief/Restore/Buildback\* |
| **Project Period**  |  |
| **Location**  |  |
| **State & UTs (Name)** |  | **District/Cities (Name)** |  | **Wards/Blocks/Villages (whichever is applicable)** |  |

1. **Organization Background (150 words):** Capture in brief the organization’s history and journey, objectives, mission & vision, focus themes, and work profile.

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1. **Documents to be shared along with EOI:**

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| --- | --- | --- |
| **Sr No** | **Document** | **Whether submitted (Yes/No)** |
| 1 |  Registration certificate | Yes [ ]  No [ ]  |
| 2 | 12A- Original and Renewal | Yes [ ]  No [ ]  |
| 3 |  80G- Original and Renewal | Yes [ ]  No [ ]  |
| 4 | MoA for organization objectives/ By law | Yes [ ]  No [ ]  |
| 5 | Scan copy of PAN | Yes [ ]  No [ ]  |
| 6 | Last three years ITR | Yes [ ]  No [ ]  |
| 7 | Audited financials for the last three years | Yes [ ]  No [ ]  |
| 8 | Last year annual report | Yes [ ]  No [ ]  |
| 9 | FCRA certificate (not mandatory) | Yes [ ]  No [ ]  |
| 10 | Board of Directors Details including independent members | Yes [ ]  No [ ]  |

1. **Is the proposed project aligned to the organisation’s MoA/By Laws/ Trust deeds? Yes/No**
2. **Please indicate the COVID-19 response categories, you are applying for:**

|  |  |  |
| --- | --- | --- |
| **Categories**  | **Definition**  | **Please tick**  |
| Health Care | This includes services like Medical Equipment, Accessories and Medical Mobile Units |[ ]
| Personal Protective Equipment | Provision of Personal Protective Equipment (PPE) for health workers and frontline workers |[ ]
| Food Supplies  | This Includes provision of Hot meal and Dry Ration or any other edible provision  |[ ]
| Care  | This include support for the most vulnerable set of population - Elders Children, Pregnant women, etc. |[ ]
| Technology Support  | This includes, tele-counseling, tele medicine, tele-support (call centers) etc. |[ ]
| Training & Capacity  | This includes capacity building of frontline workers, para medics, and other health professionals in line with COVID'19 mitigation |[ ]
| Awareness & IEC | This includes any kind of campaigning, development of appropriate Information, Education and Communication materials |[ ]
| Animal Welfare  | This will include all the support that would be catered to Animals. |[ ]
| Livelihood Support | This will include skilling, micro enterprise, alternate livelihood and entrepreneurial supports for affected population  |[ ]

1. **Any previous experience of working during disasters:** Capture in brief three recent similar projects successfully undertaken and delivered by your organization

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| --- | --- | --- | --- | --- | --- |
| **Project Title** | **Year of Implementation** | **Description** | **Reach & Budget****(INR)** | **Supported by** | **Reference Details (Name, Designation, mob., email** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. **Proposed COVID-19 response project brief (1000 words):** Capture project brief covering aspects like Situation assessment (including Highlights of the National and location specific situation, preparedness and response taken so far by govt, NGOs and CSR, emerging needs), Proposed Solution, Mechanism of Implementation in terms of end line delivery (Including liaison with Government/other stakeholders), Timeline, Beneficiaries being targeted (gender wise, PWDs), Monitoring mechanism, Technology Inclusion, Result & Impact on resilience building.

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1. **Proposed COVID-19 response project budget:** Please refer to Budget templet.
2. **Co-funding:** Are there any possibilities of co funding from other donors for this project including Govt.– please state the amount (INR) (Co funding doesn’t disqualify any proposal)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **HCL** | **Government** | **Other Donor** | **Total** |
| Amount (in INR Lakh) |  |  |  |  |

1. **Organisational Policies (Please tick):**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Documented** | **In-Practice** |  | **Name** | **Documented** | **In-Practice** |
| Finance & Account | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  | Sexual Harassment | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Human Resource | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  | Child Protection |  Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Procurement | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  | Data Protection | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |

1. **Additional Information (100 words):** Please provide weblink(s)/shared link for articles, reports, videos, audio, research papers, journals, etc.

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1. **Contact Details:**

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| --- | --- | --- | --- |
| Name (Person submitting the Application) |  | Designation |  |
| Mobile Number  |  | Email |  |
| Alternate Contact Person |  | Designation |  |
| Alternate Mobile Number |  | Email |  |